FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. IND. IND. DEP. IND. IND DEP. Ø $\overline{\omega}$ σ O \mathcal{O} Ŵ એ σ ī J \mathcal{Q} Ò P ω \mathcal{O} (1) }8 <u>:7</u> AL TOTAL AL TOTAL DEP. AL •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE

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